THE
OSLER LIBRARY
McGILL UNIVERSITY
MONTREAL
Acc. 11910

W. W. F's notes

Insert

MS

Acc. no. 236

McGILL UNIVERSITY

MONTREAL 2, CANADA

(For O.L. catal., 1941). W.W.F.

(Med. Lib. Please tell me the acc. no. when you enter this)

CROOM, sir J[ohn] H[alliday] (1847-1923)

Med. Lib.

"Notes on Obstetrics... summer 1888" (fly-leaf).

Autogr. MS. notes for 61 lectures, dated at end, "July 29th 1888"; 318 leaves, written on one side; 20 X 10.5 cm.; with many pr. & engr. inserts.

(at Edinburgh,)

In a vol., D (8vo), lettered "Midwifery. Croom"; containing, first, a pamphlet, "Introductory lecture", 20 p., Edin., (Murray), [1887?], by [sir Alex. Russell] Simpson (1835-1916), an account of American pioneers in gynaecology; and, after the MS., 6 repos., 1880-8, of Croom.

Croom was extra-mural lecturer at Edinb., 1878 till he succeeded Simpson in 1905.

This must be Lockhart's notes! If he omits his book in 1888

" EDINBURGH. University all, except

" MIDWIFERY " "

" MANUSCRIPTS as l'd.

Vol. owned by "F. A. L. Lockhart, 1888", and J. Wolferstan Thomas; pres. to Univ. Lib., & to Med. Lib. 1933.

Miss Gordon

Thanks.
Copy of my
O. L. Catal.
entry inserted.

W. W. F.

13.ii.41.

Sir A[lexander] R[ussell] Simpson
(1835-1916), prof of Obst. & Gynaecology at Edin.,
1882-1905, ~~[illegible]~~ nephew of Sir J. Y. (1811-70)

9th Int. Congr. of Med, Washington
5-10 Sept, 1887

On Simpson's retirement in 1905, the chair
was split & Croom succeeded ~~[illegible]~~ in
of Midwifery, Barbour in Gynaecology.

They both retired in 1922, & the chairs were again combined.

Croom, has "lectures" ~~from~~ 1878 – "~~had for many years~~" before ~~1905~~ giving a "summer course of 50 lectures" in the Extra-Academical School. (Turner, Hist. of U. of Edin., 1933, pp 142, & 375).

These are evidently his own "heads" for 1888 lecture. (2nd fly-leaf).

Acc. No,

Class Mk.

Pub.

Date Rec'd. JAN 30 1933

Agent

Order No. Entered in O.L. cat. 1941 as CROOM's autos

Invoice Date given to O.L. in 1949 [illegible]

Cost

Fund

Notify

Presented Est. J. Wolferstan Thomas

Exchange (thro' Univ. Library)

BINDING

Material

Size

Binder

Invoice Date

Cost

Sir J[illegible] [illegible]

Croom, 1847-1923

Edin. Med. J. 30: 603-7

McGILL MEDICAL LIBRARY

ROUTINE SLIP

Frederick Albert
Lawton LOCKHART
(1865 - 1925)
M.D. McGill 1900, but
already M.B., C.M. of Edin.
Obits. B.M.J. 1925. i, 141
J.A.M.A. 1928 F4: 531.
C.M.A.J. ? early 1925?

F. A. L. Lockhart.

1888.

Notes on Obstetrics.

by

J. H. Croom.

Summer 1888.

[Sir A. R.]

With Professor Simpson's

Compliments.

INTRODUCTORY LECTURE.

1887

GENTLEMEN,—The Ninth International Medical Congress was called to meet in Washington on Monday, September 5th last. It assembled on the forenoon of that day, and was formally opened by His Excellency Grover Cleveland, President of the United States, who said: "I feel that the country should be congratulated to-day upon the presence at our capital of so many of our own citizens, and those representing foreign countries, who have distinguished themselves in the Science of Medicine, and are devoted to its further progress. My duty in this connection is a very pleasant and a very brief one. It is simply to declare that the Ninth International Medical Congress is now open for organisation and for the transaction of business."

The organisation was speedily effected by the appointment of the venerable Professor Nathan S. Davis, of Chicago, as President, with a great array of Vice-Presidents; a Secretary-General and Associate Secretaries; a Treasurer and Chairman of Finance, Executive and Arrangements Committees; and of Presidents and Vice-Presidents of the eighteen Sections into which the members of the Congress were to distribute themselves.

The transactions were begun, after notices from the Secretary-General and the Chairman of the Arrangements Committee, by an address of welcome, delivered by the Hon. Thomas F. Bayard, Secretary of State, who promised that the proceedings of the Congress would be watched with interest by the sixty millions of his fellow-countrymen. To this responses were made by some of the European members; and when the President had delivered an inaugural address, the members dispersed to gather again in groups in the various Sections.

To which Section should I betake myself? To which of the eighteen? "That is easily decided," you say. "To which could a teacher of midwifery go, but to the Section on Obstetrics?" But hold! My commission charges me with the teaching, not of Midwifery only, but also with the teaching of the Diseases of Women and of the Diseases of Children. The question was easy for me to answer when I attended an International Medical Congress held in Philadelphia in 1876. Then, in the Section on Obstetrics, not only Midwifery papers were received and discussed, but also those on the Diseases of Women and Children. The subjects you have to study in this class counted for only one among the nine Sections into which a Medical Congress

11910

divided itself eleven years ago. They number three out of the eighteen Sections of to-day. It is worth your while to make good note of that striking fact, for it may serve to impress upon you the importance of the knowledge you should acquire in this class-room, and which we shall do our best, shall we not, I to teach and you to learn? Every time I think of it I wonder more and more how any Licensing Boards allow men to pass on to general practice who have attended only a three months' course of tuition in midwifery and the diseases of women and children. The latest protest against such a pernicious practice is made, though quite unintentionally, by the breaking up of the subjects into three distinct Sections at this latest Congress. Pædiatrics had already been developed into a separate Section at the London and Copenhagen Congresses, and it was then easy to find that one's interest lay in attending almost exclusively the Obstetric Section, in which the diseases of women still found a place. But now that the enormous amount of work that is being done, both in obstetrics and gynecology, has necessitated their being split into two separate Sections, you will understand that it was not so easy to decide which was to have most of one's attention.

The Obstetrical Section.

I had a reason for making, in the first instance, for the Section on Obstetrics, which had for President Professor De Laskie Miller, of Chicago, and for Vice-Presidents Professors Charpentier, Leishman, Dunlap, Drs. Cordes, Doléris, Lloyd Roberts, and others; and as Professor Miller was summoned home and left the conduct of the Section in my charge, I became entirely engrossed with its business.

My reason for going to the Obstetric Section was that I had a scheme to carry through, and I wished at once to get a good place for my paper, and to get into touch with the members principally interested in midwifery. At the meeting of the International Medical Congress in London, in 1881, I had made a suggestion as to the desirability of attempting to obtain some degree of uniformity in the use of various terms in obstetric teaching and literature. The proposal was favourably received, and a committee was nominated, consisting of members of different nationalities, who were to consult with committees of their compatriots, and report to the subsequent Congress. At Copenhagen, though I was only able to report one meeting of the committee without definite result, the subject was still deemed of sufficient importance to be referred back to the committee, in the hope that further interchange of ideas might be made so as to furnish a basis for full discussion and final decision at the Washington Congress.

The first difficulty lay in getting a suitable committee of fellow-countrymen with whom to consult. I met that by laying a scheme before our Edinburgh Obstetrical Society, where it was subjected to the searching and sagacious criticisms of Dr. Halliday Croom, Dr.

Underhill, Dr. Berry Hart, Dr. Freeland Barbour, Dr. Milne-Murray, and other Fellows of the Society. The result was the drawing up of a schedule which was sent to the various teachers and writers on obstetrics in the United Kingdom. At the suggestion of Professor King, of Washington, the American member of the committee, copies were sent to all the members of the American Gynceological Association. Copies were also sent to France, Holland, Italy, Germany, Russia, and Denmark. This schedule and the summary of the replies I had to submit to the Congress.

After explaining to the Section what had already been done in the matter, I presented a scheme not greatly modified from the Edinburgh circular, but embodying some of the most important and frequently required suggestions. The communication gave rise to a long and lively discussion, which resulted in the new schedule being referred to a committee, consisting of Professors De Laskie Miller, King, Lusk, and myself, to revise and formulate resolutions to be submitted on the last day of the session. On Thursday our report was distributed to the members attending the Section; and on Friday, as the reporter of the *Medical Record* relates, "The committee appointed to formulate resolutions in regard to uniformity in obstetrical nomenclature submitted its report, which, after an animated discussion, was unanimously accepted, the only dissentient being Dr. Martin, of Berlin, who was not present, but had left a message stating that he thought the matter should not be settled by an American Congress, but should wait three years, and be accepted or not by a Congress meeting in the Old World."

The resolutions which have thus received the *imprimatur* of the international gathering are as follows:—

A. It is desirable to try to attain to uniformity in obstetrical nomenclature.

B. It is possible to arrive at uniformity of expression in regard to—(1) the Pelvic Diameters; (2) the Diameters of the Fœtal Head; (3) the Presentations of the Fœtus; (4) the Positions of the Fœtus; (5) the Stages of Labour; (6) the Factors of Labour.

C. The following definitions and designations are worthy of general adoption by obstetric teachers and authors:

1. *Pelvic Brim Diameters.*—(*a*) Antero-Posterior: First, between the middle of the sacral promontory and the point in the upper border of the symphysis pubis crossed by the linea terminalis = *Diameter Conjugata vera*, Cv.; secondly, between the middle of the promontory of the sacrum and the lower border of the symphysis pubis = *Diameter Conjugata diagonalis*, Cd. (*b*) Transverse: Between the most distant points in the right and left ilio-pectineal lines = *Diameter Transversa*, T. (*c*) First Oblique: Between right sacro-iliac synchondrosis and left pectineal eminence = *Diameter Diagonalis Dextra*, D. D. (*d*) Second Oblique: Between left sacro-iliac synchondrosis and right pectineal eminence = *Diameter Diagonalis Læva*, D. L.

2. *Fœtal Head Diameters.*—(*a*) From the tip of the occipital bone

to the lower margin of the Chin = *Diameter Occipito-Mentalis*, O. M. (*b*) From the Occipital protuberance to the root of the nose = *Diameter Occipito-Frontalis*, O. F. (*c*) From the point of union of the neck and occiput to the centre of the anterior fontanelle = *Diameter sub-Occipito-Bregmatica*, s.O. B. (*d*) Between the two parietal protuberances = *Diameter Bi-Parietalis*, Bi-P. (*e*) Between the two lower extremities of the coronal suture = *Diameter Bi-Temporalis*, Bi-T.

3. *Presentation or Lie of the Fœtus.*—The *Presenting Part* is the part which is touched by the finger through the vaginal canal, or which, during labour, is bounded by the girdle of resistance. The *Occiput* is the portion of the head lying behind the posterior fontanelle. The *Sinciput* is the portion of the head lying in front of the *bregma* (or anterior fontanelle). The *Vertex* is the portion of the head lying between the fontanelles and extending laterally to the parietal protuberances. Three groups of Presentations are to be recognised, two of which have the long axis of the fœtus in correspondence with the long axis of the uterus, whilst in the third the long axis of the fœtus is more oblique or transverse to the uterine axis. (*a*) Longitudinal: (a) Cephalic, including Vertex and its modifications; Face and its modifications. (b) Pelvic, including Breech; Feet. (*b*) Transverse or Trunk, including Shoulder or Arm, and other rarer presentations.

4. *Positions of the Fœtus.*—The positions of the fœtus are best named topographically, according as the denominator looks—first, to the left or the right side; and secondly, anteriorly or posteriorly. When initial letters are employed, it is desirable to use the initials of the Latin words. In the case of Vertex positions we have: Left Occipito-Anterior = *Occipito-Læva-Anterior*, O. L. A.; Left Occipito-Posterior = *Occipito-Læva-Posterior*, O. L. P.; Right Occipito-Posterior = *Occipito-Dextra-Posterior*, O. D. P.; Right Occipito-Anterior = *Occipito-Dextra-Anterior*, O. D. A. The Face positions are: Right Mento-Posterior = *Mento-Dextra-Posterior*, M. D. P.; Right Mento-Anterior = *Mento-Dextra-Anterior*, M. D. A.; Left Mento-Anterior = *Mento-Læva-Anterior*, M. L. A.; Left Mento-Posterior = *Mento-Læva-Posterior*, M. L. P. The Pelvic positions are: Left Sacro-Anterior = *Sacro-Læva-Anterior*, S. L. A.; Left Sacro-Posterior = *Sacro-Læva-Posterior*, S. L. P.; Right Sacro-Posterior = *Sacro-Dextra-Posterior*, S. D. P.; Right Sacro-Anterior = *Sacro-Dextra-Anterior*, S. D. A. The Shoulder Presentations are: [1] Left Scapula-Anterior = *Scapula-Læva-Anterior*, Sc. L. A.; [1] Left Scapula-Posterior = *Scapula-Læva-Posterior*, Sc. L. P.; [1] Right Scapula-Posterior = *Scapula-Dextra-Posterior*, Sc. D. P.; [1] Right Scapula-Anterior = *Scapula-Dextra-Anterior*, Sc. D. A.

5. *The Stages of Labour.*—Labour is divisible into three stages: (*a*) First stage—from the commencement of regular pains till com-

[1] Left and Right refer, in this section, as in all positions, to the left and right side of the mother, without regard to that of the child.

plete dilatation of the os externum = *Stage of Effacement and Dilatation.* (*b*) Second stage—from dilatation of the os externum till com plete extrusion of child = *Stage of Expulsion.* (*c*) Third stage—from expulsion of child to complete extrusion of placenta and membranes = *Stage of the After-birth.*

6. *The Factors of Labour are:* (*a*) the Powers ; (*b*) the Passages ; (*e*) the Passengers.

D. Copies of the above resolutions shall be sent, in the name of the Section on Obstetrics of the Ninth International Medical Congress, to the various teachers and writers on obstetrics of the different nationalities represented at this Congress.

It were too much to expect that all at once and everywhere obstetric writers and teachers should conform to the terminology thus adopted at the Washington Congress. But I do not doubt that it will give a strong impetus towards uniformity. Among English-speaking teachers it will soon be accepted ; and, as Professor Cameron, of Montreal, remarked in the course of the discussion, lecturers have it in their power to compel the writers of text-books to adhere to this scheme by refusing to recommend to their classes the books that affect another nomenclature. Amongst the French and Italian obstetricians it may take longer than among the Anglo-Saxon, Teutonic, and Scandinavian races. But at least there is more chance of its acceptance in France, now that it has been approved in the capital of the American Republic, than if it had happened to emanate from the capital of the German Empire.

Besides having the satisfaction of helping to bring about some agreement in our method of describing the mechanism of labour, I felt well rewarded for my close attendance on the Obstetric Section in hearing the President's (Dr. Miller's) interesting address, in which he gave a brief sketch of the more noteworthy obstetricians of America, beginning with Dr. Samuel Bard, the physician of George Washington ; a paper by Dr. Braxton Hicks on the "Contraction of the Uterus throughout Pregnancy ;" one by Professor Cameron on the "Influence of Leukæmia on Pregnancy ;" another by M. Charpentier, of Paris, on "Experimental Uræmia ;" a most scholarly one by Professor Lusk on the "Prognosis of the Cæsarean Section," which was followed by papers from Sänger, of Leipzig, and Professor Wathen, of Louisville ; and a prolonged debate on the Cæsarean operations, occupying a whole forenoon. Papers bearing on the puerperal fevers and septicæmia by Kucher, of New York ; More Madden, of Dublin ; Warrington Earle, of Chicago ; Lowry Sibbet, of Carlisle, Pa. ; and Dr. Emile Poussie, of Paris, raised a long discussion, in which M. Doléris, Dr. Graily Hewitt, of London ; Professor Stewart, of Philadelphia ; Dr. Lloyd Roberts, of Manchester ; and many others took part. You may be sure the ever engaging subject of the forceps was brought up ; and also puerperal eclampsia, hæmorrhages, and other topics of obstetrical importance.

The Gynecological Section.

In the Section of Gynecology there was also great activity. Some of the subjects there treated of might as well and more fitly have been brought before the Obstetric Section, such as "Ectopic Pregnancy," "The Treatment of Pregnancy complicated with Uterine Fibroma," and some others; but there was abundance of purely gynecological material. The venerable Dr. Dunlap had an interesting story to tell of the early struggles of the ovariotomists, and could relate how the editor of the journal to which he sent the record of his own first case, returned his paper to him with the intimation that the account of such an unjustifiable operation was unfit for publication. Fibroid tumours were dealt with in various communications, as by Dr. Marcy, the President of the Section on their pathology, and by Dr. Apostoli on their treatment by means of electricity, in the use of which he has led the van. August Martin advocated the vaginal extirpation of the cancerous uterus, in which he has had such large experience; and the other side of the question was sustained by Professor Reeves Jackson, of Chicago, a sagacious and experienced gynecologist, and the medical companion of Mr. Clements in the tour which you may have followed in *The Innocents Abroad*, with much of the humour which the readers of Mark Twain enjoy. Of the shortening of the round ligaments Dr. W. L. Reid, of Glasgow, and others, gave their experience. All these and others one would have liked to hear, but my regret at absence from their discussions was greatly lessened by the reflection that I was likely to meet most of the gynecologists there gathered, and many others besides, at the meeting of the American Gynecological Association, which was timed to be held in New York in the following week.

The American Gynecological Association.

This Association, instituted in the centennial year mainly through the energy of Dr. Chadwick, of Boston, is a select society, which embraces in its membership the leading obstetricians and gynecologists of the New World, and has now published eleven volumes of *Transactions*, containing a large amount of valuable material, whose extent and importance help us to understand the necessity that has arisen for making three sections at an international congress for the consideration of subjects which could, a decade ago, comfortably be discussed in one.

The New York meeting in the Hall of the Academy of Medicine was presided over by Dr. Skene, of Brooklyn, with whose name you are, or soon will be, familiar; and the address of welcome was delivered by Dr. Fordyce Barker, whose name has for two generations been familiar in obstetrics. I was pleased, and I couldn't help expressing my delight in seconding a vote of thanks, moved by Professor Graily Hewitt, on the part of the strangers for the kindness we had

received at the hands of our American *confrères*, to recognise in Dr. Skene a fellow-countryman, whose voice, after long years of residence in America, still retains a traceable Aberdonian accent. I was perhaps the more ready to diagnose it, because I remembered that from that same county came three of the ablest obstetricians of the day, with whose voices my ears were well acquainted — namely, Dr. Matthews Duncan, Dr. Watt Black, and the late Dr. Angus Macdonald. As for Dr. Barker, I could not Scotsmanise him, but I noted that in the admirable portrait of him hanging on the wall of the Academy of Medicine among the other ex-Presidents of the Academy, he was depicted wearing a purple hood, from which posterity might learn that for the great and good work he had done in midwifery, he had been deemed worthy to receive the honorary degree of LL.D. from the University of Edinburgh.

Our Indebtedness to American Gynecologists.

I have said that the *Transactions of the American Gynecological Association* give evidence of the vast amount of earnest and faithful work that is wrought in our department by our Transatlantic confraternity, and I would add that the noble services they have rendered in the past are an inspiration and incentive to them and us to further achievement in the future. Have you ever thought how much obstetrics and gynecology owe to America? We sometimes hear half contemptuous reference to the scream of the American eagle. But in our section of medicine, at least, she has established the strongest claims to let her voice be heard. I cannot pretend just now even to give an inventory of the contributions that have travelled to us over the Atlantic waters, but let me indicate a few.

EPHRAIM M'DOWELL.

First of all, we must acknowledge America's just claim to be the birthplace of ovariotomy. The conception was not peculiarly American. It had been thought of elsewhere. It had been talked of and written about, but only to be talked down and written down. It had even been attempted, but usually only in a doubtful and tentative sort of way, in isolated and unsuccessful cases. In 1809, at Danville, in Kentucky, a practitioner who had already achieved a surgical reputation for success in lithotomy and hernia—numbering among his thirty-two lithotomies (all successful) an operation on young James K. Polk, who afterwards became President of the United States—removed an ovarian cystoma. The patient recovered. Four years later he repeated the operation on another patient with successful result. After the lapse of two more years he for the third time saved a life by extirpating an ovarian tumour. He did not publish his cases till 1817, and then in a somewhat slipshod fashion in an American journal. He sent a copy of his paper to his old teacher, John Bell, of

Edinburgh. John Bell was ill at the time, and away on the Continent in quest of health. The paper fell into the hands of John Lizars, who was doing duty in the absence of his friend. It could not have fallen into better hands. Stimulated by the perusal, Lizars opened an abdomen where he and some of the other Edinburgh surgeons and obstetricians believed the patient to be the subject of an ovarian tumour. He seems to have supposed that the American's success was in some measure due to climatic conditions from this sentence: "As inflammation appears to be generally induced by exposure to cold, and as these cases succeeded so well in America, I desired the room to be heated to 80° F." The diagnosis proved to be wrong, but the patient recovered, and Lizars republished in the *Edinburgh Medical Journal*, for October 1824, the cases of the more successful American surgeon, prefixing a brief historical notice of the operation, and appending the history of his own case.

How this first public announcement of the splendid achievement was received in England let the editor of the *London Medico-Chirurgical Review*, writing a notice of Mr. Lizars' paper, reveal to us:—

"Passing over the records of surgery, all of which cannot be depended on, we shall come at once to the recent facts, or alleged facts, communicated in this paper by Mr. Lizars. Three cases of ovarian extirpation occurred, it would seem, some years ago in the practice of Dr. Macdowal, of Kentucky, which were transmitted to the late John Bell, and fell into the hands of Mr. Lizars. We candidly confess that we are rather sceptical respecting these statements, and we are rather surprised that Mr. Lizars himself should put implicit confidence in them. A woman supposed to be parturient was visited by Dr. Macdowal at the instigation of two physicians who considered her in the last stage of pregnancy. Dr. Macdowal found the uterus unimpregnated, but a large tumour in the abdomen moveable from side to side. The woman travelled sixty miles on horseback to have an operation performed. Dr. Mac. made an incision, nine inches in length, parallel with the rectus abdominis, and right into the abdominal cavity. The tumour appeared in view, but could not be removed. A ligature was thrown round the Fallopian tumour, the tube cut open (found to be the ovarium), and fifteen pints of dirty gelatinous stuff extracted, 'after which we cut through the Fallopian tube and extracted the sac, which weighed seven pounds and a half.' As soon as the external opening was made, the intestines rushed out upon the table, and they could not be replaced till after the operation was performed, which lasted twenty-five minutes! The wound was sewn up by means of the interrupted suture, assisted by means of adhesive plaster. Dr. Mac. visited the patient *at the end of five days*, though she had come to his own residence to have the operation performed! He found her engaged in making her bed! She soon returned to her native place quite well. *Credat Judæus non ego.* The second case is little less extraordinary, if not incredible. A negress had a hard, painful, fixed tumour in the abdomen. Dr. Mac. placed her on a table, laid the

abdomen open, inserted his hand, and found the ovaria very much enlarged, painful to the touch, and firmly adhering to the bladder and fundus uteri. To extract this (two ovaria), he thought, would be instantly fatal; 'but by way of experiment,' says the doctor, 'I plunged the scalpel into the diseased part, when some gelatinous substance, as in the above case, with a profusion of blood, rushed to the external opening, which I conveyed off by placing my hand under the tumour, and suffering the discharge to run over it.' A quart or more of blood escaped into the abdomen. The same dressings and the same success as in the first case. We cannot bring ourselves to credit this statement."

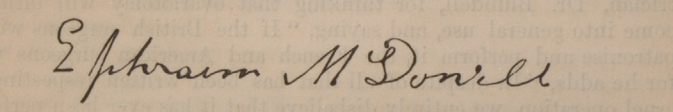
The same review writer, in Jauuary 1825, has still, no doubt, the Kentucky operator in his mind when he falls foul of the great obstetrician, Dr. Blundell, for thinking that ovariotomy will ultimately come into general use, and saying, "If the British surgeons will not patronise and perform it, the French and American surgeons will;" for he adds, "In despite of all that has been written respecting this cruel operation, we entirely disbelieve that it has ever been performed with success, nor do we think it ever will."

How hard it is to move a man who has committed himself to the position of a sceptic may be seen from the manner in which this writer returns to the subject in October 1826, after the *North American Medical and Surgical Journal* had come into his office to tell him that "Dr. Mac," as he had contemptuously called the ovariotomist, had operated not only three, but five times, and in four of the cases with success.

"*Extirpation of an Ovarium.*—A back settlement of America—Kentucky—has beaten the mother country, nay, Europe itself, with all the boasted surgeons thereof, in the fearful and formidable operation of gastrotomy with extraction of diseased ovaria. In the second volume of this series, page 216, we adverted to the cases of Dr. Macdowal of Kentucky, published by Mr. Lizars of Edinburgh, and expressed ourselves as sceptical respecting their authenticity. Dr. Cotes, however, has now given us much more cause for wonder at the success of Dr. Macdowal; for it appears that out of five cases operated on in Kentucky by Dr. M., four recovered after the extraction, and only one died. There were circumstances in the narratives of some of the first three cases that raised misgivings in our minds, for which uncharitableness we ask pardon of God, and of Dr. Macdowal of Danville. The two additional cases now republished (for it appears that the cases were published, though in a very unsatisfactory form, in the *American Eclectic Repertory*) are equally wonderful as those with which our readers are already acquainted." And towards the close of the article he says, "It was this mode of narration that excited our scepticism, and we must confess it is not yet removed."

Now the man whose splendid success in a new field was received with so much scorn and scepticism, not only on this side of the ocean, but his own, was no haphazard adventurer out in the Wild West.

Born in Virginia in 1771, and moved with his father's household to Kentucky in 1782, where his father became Judge of the District Court, he seems to have had but an imperfect training in letters in a land that, during his childhood, was fighting its way to freedom. After leaving school, he studied medicine with Dr. Humphreys, of Staunton, Virginia, a graduate of the University of Edinburgh. Philadelphia was then the only seat of medical education in the United States, and doubtless it was at the instance of this Edinburgh *alumnus*, with whom he had been reading from two to three years, that the eager student crossed the deep, and came to enrol himself among the Cives Academiæ Edinensis. In the roll of session 1792-93 I find that Ephraim M'Dowell has inscribed his name as it is reproduced in this zincotype. It was not then the custom for the entrant



to give his place of birth and residence; so he has simply signed his name, and opposite the signature the secretary has noted that he is entered to study chemistry. In that subject he would come under the inspiring influence of Joseph Black; and as he had no other university class that session, it may have been during it that he studied surgery with John Bell.

In a biographical sketch of him by the late Professor Gross of Philadelphia, it is stated very confidently that it was during his second year that he attended the lectures of that distinguished extra-mural teacher. But when he matriculates for the second time, at the beginning of session 1793-94, he is entered for the classes of anatomy and surgery under the second Monro, practice of medicine under James Gregory, and botany under Daniel Rutherford, besides the clinical prelections in the Royal Infirmary. With so much to do in his second session, and so little in the first within the University, it seems to me more probable that he had put himself under Bell's tuition during his first session here.

Our librarian has shown me the library day-book of the time, from which it appears that throughout he had been greatly interested in the study of chemistry. On February 25th, 1793, he had out Hobson's *Chemistry;* on March 11th, Hoffman's *Practice of Medicine;* March 25th, Chaptal's *Chemistry;* April 8th, volume ii. of the same work; and on April 27th, Hamilton on *Female Complaints.* During the summer he had ceased to borrow from the library, and he may then have been making the excursions through Scotland described by Gross, in company with two of his compatriots, one of whom had been his fellow apprentice with Dr. Humphreys, of Staunton, and who enrolled himself in the same two sessions with M'Dowell as Sam Brown.

On September 25th, a friend, James Cairns, a matriculate of 1793-

94, gets Fourcroy's *Chemistry* for him. On October 3rd, he is at the library himself, for Savary's *Letters on Egypt*. On October 15th, he gets a volume of *Chemical Theses* and two volumes of *Medical Commentaries*, and the last entry is on October 29th, 1793, when his friend Cairns gets for him Cullen's *Practice of Physic*.

Amongst the readers who must have rubbed shoulders with him at the librarian's table were Henry Brougham and Francis Horner; among the students who sat in the same classes with him were Alexander Monro (tertius), (Sir) William Newbigging, and John Bell's younger brother (Sir) Charles.

Members of the Athletic Club will be pleased to hear from Dr. Gross, that he used often to narrate with special glee, how, during his sojourn in Edinburgh, "a celebrated Irish foot-racer arrived, boasting that he could out-run, out-hop, and out-jump any man in the city, and bantering the whole medical class. M'Dowell was selected as their champion. The distance was sixty yards, and the stake ten guineas; the trial took place in the College grounds, and the American allowed himself purposely to be the loser. A second race, for one hundred guineas, and at an increased distance, came off soon afterwards, and this time the Irishman, after much bullying, was badly beaten, much to his own chagrin, and the gratification of the students." That by way of parenthesis to help you to know the man.

Gross is uncertain as to whether he graduated here or not. But clearly he had not taken out the requisite courses to qualify, and his name is not to be found in our roll of graduates. Doubtless his biographer is correct in thinking that the teacher from whom he learned the most was John Bell, "whose enthusiasm and ardour," says Gross, "were absolutely boundless. It is difficult to conceive at this distant day the charm which this great teacher infused into his subject, and the ambition which he inspired in his pupils. All loved him; many worshipped him; not a few idolised him. Among the latter was the subject of this memoir. During his attendance upon the prelections, the young American was enraptured by the eloquence of his teacher; and the lessons which he imbibed, while thus occupied, were not lost upon him after his return to his native country. Mr. Bell is said to have dwelt with peculiar force and pathos upon the organic diseases of the ovaries, speaking of their hopeless character, when left to themselves, and of the possibility, nay practicability, of removing them by operation. The instruction thus given made a powerful impression upon Dr. M'Dowell, which was not lost upon him after he took leave of the academic groves of Edinburgh."

What actual success M'Dowell on the whole achieved is not accurately known. It is said that he operated thirteen times in all, with eight recoveries. It would seem, therefore, that he was not so happy in his later series of cases as he had been in his earlier. But it was a splendid triumph then, to have rescued eight women from inevitable death; and whatever premonitions of it there may have been before-

hand, America has the right to claim for Ephraim M'Dowell the foremost place among ovariotomists. As Professor Parvin has said, "The suggestions of Hunter and the instructions of Bell had an important influence upon M'Dowell's mind, but this detracts nothing from the glory of his achievement. The fame of Columbus is not dimmed by the fact that others before him, others in his time, believed with him that by sailing westward a sea-way to the Indies would be found. No matter what surgeons may have believed and suggested as to removal of diseased ovaries, no matter though John Bell taught the mode of operating, their faith without works was utterly dead, and the new Columbus started upon his exploration without pilot or chart."

HUGH L. HODGE.

The next American to whom gynecology owes an outstanding advance was Hugh L. Hodge, of Philadelphia, who introduced into practice the vulcanite vaginal pessary which still bears his name. It may seem to you at the first moment a great descent to pass from the amazing achievements of M'Dowell and the laparotomists to the use of this simple instrument. But reflect another moment. Many as are the lives that have been prolonged through ovariotomy, the cases that require it in any year are not so numerous but that they are almost all written out in hospital records, and usually published in the medical journals. The number of women, on the other hand, who are suffering life-long discomfort from uterine displacements no one thinks of counting. They are waiting, many of them, in ill-doctored districts, for the advent of some young practitioner who will no longer aggravate their suffering by the sickening reply, "It is not a deadly complaint, ma'am; you must just bear it," but who will set himself to give relief by appropriate means. A few of the men who have gone from this class have made themselves a name for their success in abdominal section. Many of them, who have made their way on to good positions in general practice, have told me they made their earliest successes through relieving patients of uterine distress by the correct adjustment of a Hodge's pessary.

Hodge began to practise in Philadelphia in 1818, succeeded Dewees as Professor of Obstetrics in the University of Pennsylvania in 1833, and died after an incumbency of forty years. Though it was not till 1860 that he published the philosophical work that fully explained his views on the displacements of the uterus and their treatment, he had been engaged on the subject for thirty years before. He made trial of many varieties of material before he fell upon the hard rubber which combined the qualities of adaptability, lightness, solidity, and cleanliness, so as to be capable of being worn for lengthened periods; and he had given the instrument many changes in its form before he succeeded in shaping it into the lever pessary. He once gave to a friend this account of the consummation of the discovery:—"He had

been contemplating for a long time the subject of new shapes for pessaries, and, after many experiments, had found nothing satisfactory. One evening, while sitting alone in the room where the meetings of the Medical Faculty of the University were held, his eyes rested on the upright steel support by the fireplace, designed to hold the shovel and tongs. The shovel and tongs were kept in position by a steel hook; and, as he surveyed the supporting curve of this hook, the longed-for illumination came. The shape, apparently so paradoxical, revealed itself in the glowing light and flickering flame of the burning grate, and the Hodge lever pessary was the result." "A sudden effort of genius, was it?" asks Gaillard Thomas. "No; this was the moment at which the detached thoughts, long and carefully stored away in the inventor's mind, combined to form a harmonious whole. The steel hook did for his mind what the swinging church lamps did for that of Galileo in suggesting the pendulum."

I do not wish you to suppose that without Hodge such vaginal pessaries as are now in constant use under his name would never have been contrived. Years before his instrument was known here, for example, my predecessor had used and taught many to use a gutta-percha pessary of horse-collar shape, that may have suggested to the late Albert Smith the modification which he imprinted on the vulcanite pessary, and which has largely superseded the use of the original so-called "lever" pessary. Still, in form and material and extent of applicability, it was a great advance on all pre-existing varieties of vaginal pessary, and many a barren woman has been made a happy mother, and many a suffering one has been relieved of long distress, by the introduction of this most useful instrument.

J. MARION SIMS.

Seven years ago some of your predecessors had the good fortune to meet Dr. Marion Sims, when he told them in genial fashion, in the drawing-room after dinner, some incidents in his early career which I cannot resist the temptation of repeating now to you. "I had graduated at Jefferson Medical College after two years of theoretical study, as was common with us at that time. You'll be surprised when I tell you that I had only had theoretical training; but in reality I had received no clinical instruction, had been called to walk no hospital wards, and had never seen a person die. I had learned something of anatomy, and enough of surgery to be able to tie the innominate artery or to cut down upon any nerve in the body; but as to medicine I had never been told how to distinguish a colic from a labour pain. The best openings for practice were at that time in the West; but I was very well satisfied with my acquirements, and thought I would do quite well if I started in my own native town. It was but a little place, and I settled in a house at one end of it. I remember well the sign-plate I got put up on the door; it was made of shining white metal, and of striking dimensions, for it was between

two and three feet long, with 'Dr. J. Marion Sims' on it in huge letters; and as I walked up the street I liked to see it glancing in the sunset. It didn't seem, however, to make much impression on the community. I had waited there a fortnight, wondering when the practice was to begin. One morning I was reading at my window when the leading man in the town came along. He was a master tailor by trade, but he was the big man in the place, a sort of mayor. When he came to the window he stopped and called up, 'Well, Marion' (no one thought of calling me Doctor, for they had all known me there as a boy), 'Well, Marion,' said he, 'have you got ever a call yet!' 'No,' said I, 'not yet.' 'Will you step along and see my baby? It's got summer diarrhœa, and seems rather badly.'

"I can't tell you how big I felt. I never expected to begin my practice in the Mayor's family. I had imagined that I should have to begin with working among the free niggers, who were often enough ill, but who could never pay a doctor, and here my first call came from the greatest man we had—the man, in fact, who *ran* the village. I felt as if I had grown to twice my size, thought of ordering a new suit of clothes immediately, and fancied that my fortune was made. I went along and found the baby, which was in the midst of its teething, very ill with diarrhœa. I did not remember having heard anything about this summer diarrhœa at college, but of course I looked wise, felt the baby's pulse, examined its dejections, and cut its gums in two places. Then they asked me, 'What was I going to give the child?' That was a puzzler. I said, 'Oh, I'll make up some medicine at home. It 'll take some time to get ready, so you can send Jinny along for it in an hour.' This Jinny was a sharp little nigger girl, one of those little mischiefs who can run an errand ever so fast when they are not wanted to. And I tell you I went home as quickly as ever I could, to get plenty of time at my books. Luckily for me we had no druggist, or apothecary, or pharmacist to send prescriptions to, for I don't think I could have written one to save my life. Well, I got home to my books. I hadn't a large library; just a few books on a shelf. There was Dewees' *Midwifery*, Eberlé's *Practice of Medicine*, and two or three others. I took down Eberlé, and looked him up on the summer diarrhœa of children. There were about a dozen pages, with one prescription, and sometimes two, on every page, for Eberlé was great on prescriptions, and sometimes gave a whole string of them. I read seven or eight pages, but didn't seem to know any better what to do with the Mayor's baby. However, it was necessary to do something, so I took his first prescription—I don't remember what it was now—and by the time Jinny came along I had made up some powders. These I gave her, along with a note to her mistress with instructions to give one to the infant every two hours in a little syrup. I went along in the evening again to see the child, and was told the powders hadn't done it any good. I went home and made up the next prescription. This was the only patient I had, and I kept going three or four times a day to see it, and sometimes stayed all night. But it was always the

same thing, 'The medicine is not doing it any good.' I turned a page of Eberlé on that infant every day, but it steadily grew worse. Still I never dreamt but that it would get well. I couldn't imagine it possible that my first patient could die. I was doing my best for the child, and watching it very closely, along with the old black woman who nursed it. I fancy old nurses and young doctors don't get on very well at any time. The old nurses think that the young doctors don't know their business too well, and the young doctors feel that the nurses look down on them. But, to make a long story short, I was standing at one side of the bed and the old nurse at the other, when she looked across to me and said, 'Doctor, don't you think that child's agoin' to die.' I felt quite indignant, and said, 'No, I don't.' I looked again at the child, felt its pulse, and insisted that it would come all right. She said nothing. In a little while the breathing became slower, there was a kind of convulsive movement, and the infant became alarmingly still. I whipped it out from under the bedclothes, blew into the lungs, jerked it from side to side, and tried hard the ready methods for resuscitation. The old nurse came round to my side of the bed, and I think I feel her hand on my shoulder yet, as she said, 'Doctor, it's no use a-blowin' and a-shakin' at that child. That child's dead.' I never was so astounded in my life. I went to the funeral, and went home more disheartened than I can express at having lost my first patient.

"I hadn't got over my disappointment when, about a fortnight after, the foreman of the establishment came to me, and said, 'Marion, have you got any new calls since the Mayor's baby died?' 'No,' said I. 'I wish you would come and see what you can do for my baby; it's got summer diarrhœa.'

"I did not feel so proud as I did of my first call, but went and found the child very ill indeed. Still I did not know what to do, and was obliged to go back to Eberlé and make up his prescriptions as before. Only this time I began with the last prescription, and turned the pages backward. The child was getting worse and worse, when, to my great relief, Dr. Jones, the village doctor, who had been away on a holiday, came home. He was a most excellent doctor, and I went and told him how the Mayor's baby had died, and asked him to come with me to see the foreman's child. He kindly came, and like a wise man said very little when we were in the house; but when we got outside, and walked around to the back of the house, he said, 'I think this baby's going to die too.' 'No,' said I, 'it's impossible that two babies should die.' But die it did.

"I have never in all my life felt so cast down as I did just then. If I had had a thousand dollars I would have given up medicine for ever, and gone in for some business. But I was a poor man, and my father had spent all he could spare in educating me. When the second child died I went home to my little office, took down the big plate with Dr. J. Marion Sims on it, carried it into the back garden, and cast it into a well that was there, a hundred feet deep. If the

well is still there, then that plate is at the bottom of it to this day.

"I managed to go back to Philadelphia, and worked hard at my profession. I would have you remember that nothing but hard work will enable a man to get on. It's not always the man of most talent and genius, but the hard worker, that gets on best.

"The story I have told you is true, every word of it; and if I hadn't met with the double disaster at the outset, I might never to this day have known how ignorant I was, and how needful it is to work hard to learn how to practise."

The man who talked thus modestly and kindly to his juniors was at that hour the greatest of living gynecologists; but as you gather from what he said, he did not set out in his medical career with the intention of devoting himself to any specialty. After he had added to his training another year of college study he became a country practitioner in Montgomery, Alabama. There, by his enthusiastic interest in his work and his successful management of some difficult cases, he was making his way into a good practice, when he was called early in 1845 to assist in a case of tedious labour in a slave woman, where the head of the child had been lodged in the pelvis for three days. He readily effected the delivery with forceps, and the patient was recovering well till on the fifth day of puerperium, when a slough fell out, and she became the subject of a recto- and vesico- vaginal fistula. The woman's master asked Dr. Sims to try and cure her. He went home and consulted all the authorities on the subject, as he had never met a case before, and finding that it was by all described as an incurable complaint, he refused to interfere. Within two months two other cases of vesico-vaginal fistula came under his observation. The women were all slaves, rendered useless by their infirmity. Their masters were eager to have them cured. Sims was touched with the helplessness of their condition. He had all three put into a hospital he had opened not long before, and began to try and close the fistulæ. He was baffled, like all who had made the attempt, by the initial difficulty of getting access to the opening in the vaginal cavity.

Just then, as he tells us in his *Notes on Clinical Surgery*, he had to treat a lady who was suffering from retroversion of the uterus. To reduce it he had placed her in the knee-elbow position, and first with one finger and then with two in the vagina tried to replace it. Whilst manipulating in different directions he suddenly lost touch of the uterus and vaginal walls. The fingers were embraced at the vaginal orifice, but as they were turned round within the cavity it seemed to have become expanded, and he felt as if he could barely touch the sides of the pelvis. The lady declared herself relieved. He did not understand what had happened, but as she was heavy he allowed her to lie down on her side, and noticed as she lay, or rather fell down, an escape of air took place from the vagina. He recognised that in the peculiar posture in which the patient had been placed, the tendency of the vaginal roof had been to gravitate towards the abdo-

men, and as he had opened up the vaginal orifice the air had rushed in to distend its cavity. His mind grasped at the phenomenon. He went at once to test whether it could be repeated on his poor fistulous slave woman. On the way he possessed himself of a pewter spoon, the handle of which he bent so as to form a proto-speculum, with which he could hook back the perineum. Placing one of the women in the required position, he found that the fistulous aperture was exposed to view, and that he had taken the first necessary step in the progress to the cure of a heretofore incurable disease.

There was still much to be done before the result was achieved. Sims had to contrive many instruments, and meet with many failures. One brave woman had to be on the operating table thirty times and more before she was fully cured. But the man who had conquered the first and greatest obstacle to success was not to be baffled on his way to final victory. I remember well the delight with which my predecessor read the pamphlet in which Sims published his results in 1852, and the welcome with which he received his coadjutor, Nathan Bozeman, when he came some years subsequently and demonstrated the *technique* of the operation.

Here again I may remark, that the duck-bill speculum of Sims has been subjected to many modifications; and vesico-vaginal fistulæ have been cured often enough now by procedures different from that which he so patiently elaborated. But as regards the malady, his name must ever stand highest amongst the names of those who removed from surgery the reproach of its incurability. And in the history of gynecology it will through all time be reecorded that the introduction into practice of the Sims' speculum gave a mighty impulse to the recognition and the treatment, not merely of vesico-vaginal fistulæ, but of many other pelvic maladies. So that, as one of his countrymen writes (Dr. Gross in his recently published *Autobiography*):—"When the history of American medicine shall be written, one of its brightest pages will be an account of the services of Dr. Sims, a name as enduring as the hills and valleys of South Carolina, his native State."

There were other gynecological advances that I had noted down to the credit of our American fellow-workers. Such are the epoch-making work of Noeggerath on latent gonorrhœa; the knowledge of the diagnosis and treatment of cervical lacerations, which we owe to Dr. Emmet; the superinduction of the menopause by removal of the ovaries, by Dr. Battey, &c. But the hour is near an end. There is no time left even to enumerate their original work in the department of obstetrics.

I only add one sentence from the second volume of Sir James Y. Simpson's works, that containing his papers on Anæsthesia, and edited by his son. "On September 30, 1844, Dr. Morton (of Boston) extracted a tooth without any pain whilst the patient was breathing sulphuric ether, this fact and discovery of itself making a NEW ERA in anæsthetics and in surgery."

Had there been time for closer scrutiny of the splendid record, it would only have become more clear to us that "that young eagle of the West," whom "unprophetic rulers" "drove from out the mother's nest . . . . to forage for herself alone," has foraged in the fields of gynecology and midwifery with magnificent results, and that not for herself, but so as to make all the world her debtors.

I have not told you these things, Gentlemen, merely to glorify American gynecology, but that you may, on entering the class, at once learn these two lessons—*first*, that the subjects you have to study here deserve and demand your closest application; and, *secondly*, that the men who have made for themselves in these departments an imperishable name have done so not as the result of some happy chance, but as the reward of earnest toil. And I will ask you to remember throughout the session the advice which Pasteur addressed to my son when, at the time of the Copenhagen Congress, I had called to see him. In the course of our conversation he had interested himself in the boy's schooling, and, when we parted, he put his hand upon his head and said, "*Travaillez, mon ami; travaillez.*"

Printed by FRANK MURRAY, 9 & 11 *Young Street, Edinburgh.*